

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re) Case No. _____
)
) EX. D-2
) FINANCIAL REVIEW OF DEBTOR'S
) **NON-FARMING/NON-FISHING** BUSINESS
) [File With Statement of Financial Affairs in
) Chapter 12/13 Cases If Debtor Earns Any
) Income From Operation of a NON-FARMING/NON-FISHING
) Sole Proprietorship Business or Debtor or an Insider Owns 20%
 Debtor(s)) or More of a NON-FARMING/NON-FISHING Corporation]

(NOTE: **ONLY INCLUDE** information directly related to the NON-farming/NON-fishing business operation. This information is to be from the corporate books where necessary. If an item of Income or Expense does not apply indicate with "N/A.")

ATTACH COPY OF SCHEDULE C FROM PRIOR YEAR'S TAX RETURN (OR EXPLAIN ABSENCE).

INDICATE ACCOUNTING METHOD USED: Cash Basis Accrual Basis

BUSINESS NAME, ADDRESS AND PHONE NUMBER: _____

NATURE AND STARTING DATE OF BUSINESS AND PERCENTAGE OF OWNERSHIP: _____

PROJECTED ANNUAL BUSINESS INCOME:

| | | |
|----------------------------|-----------|----------|
| 1. Gross Sales or Receipts | \$ _____ | |
| 2. Returns and Allowances | (_____) | |
| 3. Less Cost of Goods Sold | (_____) | |
| 4. Other Income | _____ | |
| 5. Gross Income | | \$ _____ |

PROJECTED ANNUAL BUSINESS EXPENSES (DO NOT Include Payments Paid Through Plan):

| | | |
|--|-------|----------|
| 6. Advertising | _____ | |
| 7. Car and Truck Expenses | _____ | |
| 8. Commissions and Fees | _____ | |
| 9. Secured Debt Including Interest (attach list) | _____ | |
| 10. Employee Benefits (other than on line 14) | _____ | |
| 11. Insurance (other than health) | _____ | |
| 12. Legal and Professional Services | _____ | |
| 13. Office Expenses | _____ | |
| 14. Pension/Profit-Sharing Plans | _____ | |
| 15. Rent or Leases | _____ | |
| a. Vehicles, Machinery, Equipment (attach list) | _____ | |
| b. Other Business Property (attach list) | _____ | |
| 16. Repairs and Maintenance | _____ | |
| 17. Supplies (if not included in line 3) | _____ | |
| 18. Taxes and Licenses | _____ | |
| a. Payroll Taxes | _____ | |
| b. Income/Self-Employment Tax | _____ | |
| c. Other Taxes/Licenses | _____ | |
| 19. Travel | _____ | |
| 20. Meals and Entertainment | _____ | |
| 21. Utilities | _____ | |
| 22. Wages | _____ | |
| 23. Other expenses (list separately): _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |
| 24. Total Expenses | | \$ _____ |

PROJECTED ANNUAL NET INCOME (line 5 less line 24) \$ _____

ESTIMATED AVERAGE NET MONTHLY INCOME \$ _____

(Attach explanation if not same as amount listed on Schedule I for the question "Regular income from operation of business ...")